



## TennCare Medicaid EHR Incentive Program, A CMS Promoting Interoperability Program

# Pre-Attestation Checklist – Program Year 2020

This guide provides eligible professionals (EPs) with a brief overview of the requirements for the TennCare Medicaid EHR Incentive Program. Please review the checklist and select the blue hyperlinks to navigate to valuable resources that will assist you in preparing your 2020 attestation.



## Are You Ready\* to Attest for 2020?

Providers who are still eligible to receive an EHR Incentive Payment can begin submitting their Program Year (PY) 2020 attestations effective Nov. 1, 2020 **IF** ready.

\*“**IF** ready” means the provider **must have completed** the chosen Meaningful Use (MU) attestation period and the 2020 Security Risk Assessment (SRA) **prior** to submission. A PY 2020 attestation cannot be submitted until both are completed. If the SRA cannot be completed until the end of the year, then the attestation cannot be submitted until after the end of the year (and no later than March 31, 2021).

A provider must meet the SRA requirements outlined in the Security Standards of **45 CFR 164.306 – 316**. See the following guidance for assistance in performing your annual risk assessment:

- [Security Rule Guidance Material](#)
- [Security Risk Assessment Tool and Video](#)
- [Security Standards for the Protection of Electronic Protected Health Information](#)



## Additional Prerequisites

EPs must meet the following criteria to successfully attest for Program Year (PY) 2020 in [PIPP](#).

<input type="checkbox"/> <b>Prior Program Participation</b>	Enrollment in the program ended with Program Year (PY) 2016. To continue in the program until its end with PY 2021, providers must have enrolled and successfully attested for the first time no later than PY 2016.
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<input type="checkbox"/> <b>Non-Hospital Based</b>	If an EP renders 90% or more of their services in an inpatient acute care or emergency department (place of service code 21 or 23), the EP <a href="#">will not qualify</a> under program guidelines. EPs are encouraged to determine if they would be considered a Hospital-Based Provider prior to attesting.
<input type="checkbox"/> <b>EHR Certification ID</b>	Visit the <a href="#">Certified Health IT Products List (CHPL)</a> to obtain the certification ID for your EHR system. Please note that EPs must be using 2015 Edition certified EHR technology (CEHRT) in order meet the Stage 3 requirements for PY2020.
<input type="checkbox"/> <b>TennCare Medicaid Enrollment</b>	All EPs and Payees must be enrolled as TennCare providers for the duration of the attestation and payment process. If you or your Payee need to revalidate your Medicaid ID, please review this <a href="#">Revalidation FAQ</a> .
<input type="checkbox"/> <b>Medical License</b>	All EPs must have a current and active Medical License for the duration of the attestation and payment process. If you need to update or check the status of your Medical License, visit the Tennessee Department of Health <a href="#">License Verification web page</a> .



## Payment and Contact Information

EPs should review the following systems and information to ensure that they can be contacted to resolve any issues, and that payment can be assigned as they wish.

<input type="checkbox"/> <b>CMS Registration</b>	Access and review your <a href="#">CMS Registration and Attestation</a> profile to ensure your contact, payee, and professional information are current. <b>A password reset is required for ALL users who have not logged on to this site since Dec. 28, 2019</b> , as CMS last year implemented new security to better protect your information. <i><b>Note:</b> Your CMS Registration ID is required here, and also required for establishing a PIPP account. If you do not know your CMS Registration ID, please email our support team at <a href="mailto:TennCare.EHRIncentive@tn.gov">TennCare.EHRIncentive@tn.gov</a>.</i>
<input type="checkbox"/> <b>Individual Profile</b>	Information for an individual profile on each EP is populated by the EP's profile in <a href="#">CAQH ProView</a> . All EPs must maintain a current status with CAQH to avoid any issues or errors when submitting attestations. CAQH requires updating every 120 days in order to keep a profile active.

<input type="checkbox"/> <b>Group Profile</b>	<p>All EPs who are part of a group must ensure that their group is registered with the <a href="#">TennCare Provider Registration System</a>, and that all information there is correct and current. EPs must also ensure that they are listed as an active provider with the group and that the group name is included in their CAQH profile.</p>
<input type="checkbox"/> <b>EFT Enrollment</b>	<p>In order to receive an EHR Incentive payment, all group practices must enroll to receive an Electronic Funds Transfer (EFT). Groups must enter required information on the Substitute W-9 and ACH Authorization pages of the <a href="#">TennCare Provider Registration System</a>. In addition, the group must upload copies of W-9 and ACH forms with information that matches the financial information that was entered into the system.</p> <p>EPs reporting as an individual must also enroll to receive payment by EFT. Individuals can enroll by following the instructions for <a href="#">EFT Enrollment for Individual Sole Proprietors</a>.</p>
<input type="checkbox"/> <b>Practice Locations</b>	<p>Groups must take care to enter all practice locations at which their providers work on the Practice Locations page of the <a href="#">TennCare Provider Registration System</a>. Exact addresses for each physical location must be entered.</p> <p>EPs must also enter each Service Location where they provide services into <a href="#">CAQH ProView</a>. As with groups, exact addresses for each physical location must be entered.</p>

## Provider Registration Support

If you or your organization is experiencing Provider Registration issues, please contact [provider.registration@tn.gov](mailto:provider.registration@tn.gov).

## Medicaid Patient Volume (MPV)

For each participation year, EPs must demonstrate at least 30% [Medicaid Patient Volume](#) for a continuous 90-day reporting period.

<input type="checkbox"/> <b>Patient Volume Reporting Period</b>	<p>The MPV reporting period must be at least a <a href="#">continuous 90-day period</a> from the calendar year previous to the one for which the EP is attesting. For a Program Year 2020 attestation, patient volume would come from a period in 2019.</p>
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<input type="checkbox"/> <b>Standard Calculation</b>	Using this method, an EP counts the number of Medicaid patient encounters during the 90-day reporting period and divides that number by the total number of patient encounters over the same period.
<input type="checkbox"/> <b>Group Proxy</b>	EPs in a group practice or clinic may use <a href="#">group patient volume</a> as a proxy for individual data.
<input type="checkbox"/> <b>Needy Individuals</b>	EPs who practice predominantly at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) may include <a href="#">needy individuals</a> .
<input type="checkbox"/> <b>Pediatricians</b>	Pediatricians may demonstrate 20-30% patient volume but will only receive <a href="#">two-thirds of the incentive payment</a> when under 30%.



## Meaningful Use (MU)

EPs must begin attesting to Meaningful Use in their second participation year (after completing AIU).

<input type="checkbox"/> <b>Reporting Period</b>	EPs must select a continuous 90-day period within calendar year 2020.
<input type="checkbox"/> <b>Meaningful Use Stage 3</b>	EPs must attest to <a href="#">Stage 3</a> reporting for PY2020. For Stage 3 reporting, a 2015 Edition CEHRT must be installed by the first day of the reporting period and the product must be certified to the 2015 Edition criteria by the last day of the reporting period.
<input type="checkbox"/> <b>CQM Reporting Period</b>	The CQM reporting period for Meaningful Users will be any continuous 90-day period within calendar year 2020.
<input type="checkbox"/> <b>CQMs</b>	EPs must report on at least 6 ( <a href="#">of 47</a> ) clinical quality measures (CQMs) relevant to their scope of practice, including at least one outcome or high-priority measure.
<input type="checkbox"/> <b>Multiple Locations</b>	<a href="#">EPs who practice in multiple locations</a> must collect MU data from all locations with certified EHR technology.



## Public Health Reporting

EPs are to be in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using CEHRT. CMS requires EPs to maintain proof of active engagement with registries.

<input type="checkbox"/> <b>Registering as a TDH Trading Partner</b>	EPs must <a href="#">register via the Trading Partner Registration (TPR) system</a> to express their intent to exchange data electronically with the Tennessee Department of Health (TDH). TPR manages active engagement statuses and generates emails and letters as proof of public health reporting for registered users.
<input type="checkbox"/> <b>Active Engagement Status</b>	EPs can be in Active Engagement Option 1, 2, or 3 to meet the criteria for a Public Health measure. ( <b>Note:</b> The Immunization Active Engagement status must be for <b>bi-directional</b> exchange.) To determine your status for your reporting period, consult the TPR system or contact the registry directly. For more information, see the Tennessee Department of Health's <a href="#">Public Health Reporting Procedures</a> .
<input type="checkbox"/> <b>Clinical Data Registries</b>	If an EP submits data to a registry that is <b>not</b> a Tennessee Department of Health registry, active engagement proof for that registry will be provided by the specific registry. EPs must maintain and provide diligent records of their status and engagement with any CDRs.



## Identity & Access Connection (I&A)

If an administrator is to be completing attestations on behalf of all EPs in a practice/organization, in order to make changes on CMS websites they will need an [Identity & Access \(I&A\)](#) account with the correct permissions. This allows the administrator to access the CMS Registration System and attest on behalf of all EPs connected to their account.

There are multiple roles that allow a user to act on behalf of an EP, as well as complete other tasks for a practice or organization. To determine which actions are allowed by a role, please see the chart at the top of the next page.

Role	Represent an Organization	Manage Staff	Approve/Manage Connections	Act on behalf of a Provider in CMS Systems
Individual Provider	Yes	Yes	Yes	Yes
Authorized Official	Yes	Yes	Yes	Yes
Delegated Official	Yes	Yes	Yes	Yes
Staff End User	No	No	No	Yes
Surrogate	No	No	No	Yes

For more information regarding the sign on process and available user roles, please review the [I&A Quick Reference Guide](#). If your question is not addressed in this guide, please review the [Identity & Access Frequently Asked Questions \(FAQs\)](#).

**Note:** I&A account credentials cannot be used to log into PIPP attestation software. Because some fields in PIPP are populated by information entered at the CMS EHR Registration and Attestation (RNA) website, the I&A account gives the administrator the legal authority to make changes at CMS RNA.



## Program Integrity

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Attestations must truly reflect the EHR activities performed during the payment year. Considering the possibility of post-payment audit, EPs are required to retain documentation in support of all attestations for no fewer than six years from the date of attestation.

If you have questions regarding Post-Payment Audit, visit the [Program Integrity & Audit Web page](#) for more information.

# Resources

What should you do first? Below are suggested actions in preparation to attest.



## Visit the [TennCare EHR Incentive Program website](#)

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The website contains current program information and resources, including:

- [PowerPoint Presentations](#)
- [Current and Past Newsletters](#)
- [Acronym Guide and Glossary](#)
- [Frequently Asked Questions \(FAQs\)](#)



## Contact [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov)

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Questions? We have a dedicated support team that will answer your specific questions about the attestation process.

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